# Exhibit G

# W. R. Grace Asbestos Personal Injury Questionnaire



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REDACTED

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Ferraro & Associates, P A. 200 S Biscayne Blvd , #3800 Mīamī FL 33131-2331



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# W. R. Grace **Asbestos Personal Injury** Questionnaire



WR GRACE PIQ 018385-0004

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# IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

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In re:	) Chapter 11
W. R. GRACE & CO., <u>et al.</u> ,	) Case No. 01-01139 (JKF)
Debtors.	) Jointly Administered )

# W. R. Grace Asbestos Personal Injury Questionnaire

YOU HAVE RECEIVED THIS QUESTIONNAIRE BECAUSE GRACE BELIEVES THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY JANUARY 12, 2006 TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT ONE OF THE FOLLOWING ADDRESSES:

### IF SENT BY U.S. MAIL

RUST CONSULTING, INC. CLAIMS PROCESSING AGENT RE: W.R. GRACE & CO. BANKRUPTCY P.O. BOX 1620 FARIBAULT, MN 55021

IF SENT BY FEDERAL EXPRESS, UNITED PARCEL SERVICE, OR A SIMILAR HAND DELIVERY SERVICE

RUST CONSULTING, INC. CLAIMS PROCESSING AGENT RE: W.R. GRACE & CO. BANKRUPTCY 201 S. LYNDALE AVE. FARIBAULT, MN 55021

A QUESTIONNAIRE (AND ANY AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL <u>NOT</u> BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY JANUARY 12, 2006.

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT APPROVED BY THE COURT IN CONNECTION WITH ESTIMATING GRACE'S ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. THE QUESTIONNAIRE IS BEING USED BY W. R. GRACE AS A MEANS TO SEEK INFORMATION ABOUT YOUR ASBESTOS CLAIM. BY TIMELY RETURNING THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE, GRACE, THE OFFICIAL COMMITTEES, AND THE FUTURE CLAIMANTS REPRESENTATIVE WILL SEEK TO PRIORITIZE THE PROCESSING OF YOUR CLAIM UNDER ANY TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION.

THE COURT HAS ORDERED THAT, AS PART OF THE DISCOVERY PROCESS, ALL HOLDERS OF PREPETITION ASBESTOS PERSONAL INJURY CLAIMS MUST COMPLETE AND RETURN THIS QUESTIONNAIRE. THUS, FAILURE TO TIMELY RETURN THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE MAY RESULT IN SANCTIONS AND/OR OTHER RELIEF AVAILABLE UNDER APPLICABLE FEDERAL RULES.

BECAUSE YOUR CLAIM WILL BE EVALUATED IN ACCORDANCE WITH THE TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION, COMPLETION OF THIS QUESTIONNAIRE DOES NOT MEAN THAT YOUR CLAIM WILL EITHER BE ALLOWED OR PAID. TO THE EXTENT YOU ATTACH TO THIS QUESTIONNAIRE DOCUMENTS ALSO NEEDED BY THE TRUST TO PROCESS YOUR CLAIM, SUCH DOCUMENTS WILL BE PROVIDED TO THE TRUST AND YOU WILL NOT NEED TO RESUBMIT THEM.

# INSTRUCTIONS



WR GRACE PIQ 018335-0006

# A. GENERAL

- This Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an "asbestos-related personal wrongful death claim." This term is intended to cover any lawsuit alleging any claim for personal injuries or damages that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates), or (b) exposure to vermiculite mined, milled or processed by the Debtors (or any of their respective past or present affiliates, any of the predecessors of any of the Debtors or any of their predecessors' respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general, special, and punitive damages.
- 2. Your Questionnaire will be deemed filed only when it has been received by Rust Consulting Inc., the Claims Processing Agent, via U.S. Mail, Federal Express, United Parcel Service or a similar hand delivery service. A Questionnaire that is submitted by facsimile, telecopy or other electronic transmission will not be accepted and will not be deemed filed.
  - Do not send any Questionnaire to the Debtors, counsel for the Debtors, the Future Claimants Representative, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees' counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.
- 3. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.
- 4. All holders of claims described on page i (and as described in further detail in Instruction A (1) above) are required to file this Questionnaire by Jan. 12, 2006. Your Questionnaire will be used in connection with the estimation hearing to be conducted by the Court pursuant to the Estimation Procedures Order (a copy of which is attached as Appendix B).
- Any subsequent amendment to the Questionnaire will not be considered for any purpose unless received by Jan. 12, 2006.

# B. PART I - Identity of Injured Person and Legal Counsel

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

All references to "you" or the like in Parts I through X shall mean the injured person. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire.

# C. PART II -- Asbestos-Related Condition(s)

Please indicate all asbestos-related medical conditions for which you have been diagnosed. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following categories of customarily diagnosed conditions:

- Mesothelioma
- Asbestos-Related Lung Cancer
- Other Cancer (colon, laryngeal, esophageal, pharyngeal, or stomach)
- · Clinically Severe Asbestosis
- Asbestosis
- · Other Asbestos Disease

If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

Supporting Documents for Diagnosis: This Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that support or conflict with your diagnosis.

X-rays and B-reads: Please attach all x-ray readings and reports. You may, but are not required to, attach chest x-rays. The court, however, has ruled that Grace may seek access to chest x-rays upon request.

Pulmonary Function Tests: Please attach all pulmonary function test results, including the actual raw data and all spirometric tracings, on which the results are based.

### D. PART III - Direct Exposure to Grace Asbestos-Containing Products

In Part III, please provide the requested information for the job and site at which you were WH GRACE PIQ 018356-0007 asbestos-containing products. Indicate the dates of exposure to each Grace asbestos-containing product. If your exposure was a result of your employment, use the list of occupation and industry codes below to indicate your occupation and the industry in which you worked at each site. If you allege exposure to Grace asbestos-containing products at multiple sites, the Court has ordered that you must complete a separate Part III for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

Attach copies of any and all documents establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the disease.

### **Occupation Codes**

01. Air conditioning and heating installer/maintenance 31. Iron worker 02. Asbestos miner 32. Joiner 03. Asbestos plant worker/asbestos manufacturing worker 33. Laborer 04. Asbestos removal/abatement 34. Longshoreman 05. Asbestos sprayer/spray gun mechanic 35. Machinist/machine operator 06. Assembly line/factory/plant worker 36. Millwright/mill worker 07. Auto mechanic/bodywork/brake repairman 37. Mixer/bagger 08. Boilermaker 38. Non-asbestos miner 09. Boiler repairman 39. Non-occupational/residential 10. Boiler worker/cleaner/inspector/engineer/installer 40. Painter 11. Building maintenance/building superintendent 41. Pipefitter 12. Brake manufacturer/installer 42. Plasterer 13. Brick mason/layer/hod carrier 43. Plumber - install/repair 14. Burner operator 44. Power plant operator 15. Carpenter/woodworker/cabinetmaker 45. Professional (e.g., accountant, architect, physician) 16. Chipper 46. Railroad worker/carman/brakeman/machinist/conductor 17. Clerical/office worker 47. Refinery worker 18. Construction - general 48. Remover/installer of gaskets 19. Custodian/janitor in office/residential building 49. Rigger/stevedore/seaman 20. Custodian/janitor in plant/manufacturing facility 50. Rubber/tire worker 21. Electrician/inspector/worker 51. Sandblaster 22. Engineer 52. Sheet metal worker/sheet metal mechanic 23. Firefighter 53. Shipfitter/shipwright/ship builder 24. Fireman 54. Shipyard worker (md. repair, maintenance) 25. Flooring installer/tile installer/tile mechanic 55. Steamfitter 26. Foundry worker 56. Steelworker 27. Furnace worker/repairman/installer 57. Warehouse worker 28. Glass worker 58. Welder/blacksmith 29. Heavy equipment operator (includes truck, forklift, & crane) 59. Other

### **Industry Codes**

109. Petrochemical

I	002.	Aerospace/aviation	110. Railroad
I	100.	Asbestos mining	111. Shipyard-construction/repair
1	101.	Automotive	112. Textile
ı	102.	Chemical	113. Tire/rubber
ı	103.	Construction trades	114. U.S. Navy
I	104.	Iron/steel	115. Utilities
I	105.	Longshore	116. Grace asbestos manufacture or milling
ı	106.	Maritime	117. Non-Grace asbestos manufacture or milling
I	107.	Military (other than U.S. Navy)	118, Other
I	108.	Non-asbestos products manufacturing	

Asbestos abatement/removal

# E. PART IV - Indirect Exposure to Grace Asbestos-Containing Products



In Part IV, please provide the information requested for any injury alleged to have been caused by exposure grace Pio 01835-0008 asbestos-containing products through contact/proximity with another injured person. If you allege exposure unrough contact/proximity with multiple injured persons, please complete a separate Part IV for each injured person. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

### F. PART V -- Exposure to Non-Grace Asbestos-Containing Products

In Part V, please provide the requested information for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate Part V for each party. If exposure was in connection with your employment, use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

# G. PART VI - Employment History

In Part VI, please provide the information requested for each industrial job you have held, other than jobs already listed in Parts III or V. Use the list of occupation and industry codes in the instructions to Part III to indicate your occupation and the industry in which you worked for each job. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

# H. PART VII - Litigation and Claims Regarding Asbestos and/or Silica

In Part VII, please describe any lawsuits and/or claims that were filed by you or on your behalf regarding asbestos or silica.

# I. PART VIII -- Claims by Dependents or Related Persons

Part VIII is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace <u>not</u> involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

### J. PART IX -- Supporting Documentation

In Part IX, please mark the boxes next to each type of document that you are submitting with this Questionnaire. As indicated in the instructions to Parts II and III, this Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that (a) support or conflict with your diagnosis and/or (b) establish exposure to Grace asbestos-containing products as having a substantial causal role in the development of the medical diagnoses, and/or conditions claimed. Original documents provided to Grace will be returned within a reasonable time after its professionals and experts have reviewed the documents.

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such cost.

# K. PART X - Attestation that Information is True, Accurate and Complete

By signing Part X, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true, accurate and complete. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete and sign Part X on behalf of the injured person.

The legal representative of the injured person must complete and sign Part X where indicated.

# PARTE DENEITY OF INJURED PERSON AND LEGAL COUNSEL



	GENERAL INFORMATION	····		· · · · · · · · · · · · · · · · · · ·	
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	African American				
	Other	•			
	Last Four Digits of Social Security	Number:	REDACTE	ZD 5	Birth Date:
	Mailing Address:			J•	on th Date.
	Address		City	State/Province	Zip/Postal Code
•	Daytime Telephone Number:	******	••••••		· ·
	LAWYER'S NAME AND FIRM				
•	Name of Lawyer: David A. Jagolir	T			
-	Name of Law Firm With Which L	awyer is Affilia	ted: The Ferraro Law F	?irm	
<b>.</b>	Mailing Address of Firm: 4000 Pc	nce de Leon Bly	d., Suite 700, Miami,	Florida	33146
	Address		City	State/Province	Zip/Postal Code
	Law Firm's Telephone Number or	Lawyer's Dire	ct Line:	•••••••	( 305 ) 375-011
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X other (please specify): Objection: See attached medical information

PART II: ASBESTOS RELATED CONDITION(S) (Continued)

WR GRACE PIO 018335-00 to



b.		pestos-Related Lung Cancer: If alleging Asbestos-Related Lung Cancer, were you diagnosed with primary g cancer based on the following (check all that apply):
		findings by a pathologist certified by the American Board of Pathology
		evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
		evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
		evidence of asbestosis determined by pathology
		evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
		evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
		diffuse pleural thickening as defined in the International Labour Organization's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)
		a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer
	X	other (please specify): Objection: See attached medical information
c.	Oth	ner Can <u>cer:</u>
	(i)	If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:
		☐ colon ☐ pharyngeal ☐ esophageal ☐ laryngeal ☐ stomach cancer
		other, please specify:
	(ii)	Were you diagnosed with the above-indicated cancer based on the following (check all that apply):
		findings by a pathologist certified by the American Board of Pathology
		evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
		evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
		evidence of asbestosis determined by pathology
		a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer
		X other (please specify): Objection: See attached medical information

# PARTIL: ASBESTOS RELATED CONDITION(S) (Continued)



WR GRACE PIQ 018335-091

i.		nically Severe Asbestosis: If alleging Clinically Severe Asbestosis, was your diagnosis base <del>n on me tonowing c</del> eck all that apply):
		diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
		a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
		a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
		asbestosis determined by pathology
		a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating total lung capacity less than 65% predicted
		a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted
		a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
	X	other (please specify): Objection: See attached medical information
<b>:</b> .	Asl	pestosis: If alleging Asbestosis, was your diagnosis based on the following (check all that apply):
<b>:</b> -	Asl	diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
		diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
		diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine  a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO
-		diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine  a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)  a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the
-		diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine  a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)  a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)  asbestosis determined by pathology  a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating a FEVI/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
-		diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine  a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)  a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)  asbestosis determined by pathology  a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating a FEVI/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80%

# PARTIL: ASBESTOS RELATED CONDITION(S) (Continued)



tho	ner Aspestos Disease: If alleging any aspestos-related injuries, medical diagnoses, and/or conditions other than se above, was your diagnosis based on the following (check all that apply):
	diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
	diagnosis determined by pathology
	a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)
	a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)
	a chest x-ray reading other than those described above
	a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating a FEVI/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
	a pulmonary function test other than that discussed above
	a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition
	a CT Scan or similar testing
	a diagnosis other than those above
X	other (please specify): Objection: See attached medical information

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	BART-II: ASBESTOS-RELATED CONDITION(S). (Continued).  WR GRACE PIG 018335-0
2.	Information Regarding Diagnosis
	Date of Diagnosis:
	Diagnosing Doctor's Name: See attached
	Diagnosing Doctor's Specialty: See attached
	Diagnosing Doctor's Mailing Address: See attached Address
	City State/Province Zip/Postal Code
	Diagnosing Doctor's Daytime Telephone Number:
	With respect to your relationship to the diagnosing doctor, check all applicable boxes:
	Was the diagnosing doctor your personal physician? Objection Relevance. Yes No
	Was the diagnosing doctor paid for the diagnostic services that he/she performed? Objection: relevance Yes No
	If yes, please indicate who paid for the services performed: Objection: relevance
	Did you retain counsel in order to receive any of the services performed by the
	diagnosing doctor? Objection: relevance
	Was the diagnosing doctor referred to you by counsel? Objection: relevanceYesNo
	Are you aware of any relationship between the diagnosing doctor and your
	legal counsel? Objection: relevance Yes No
	If yes, please explain:
	Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the diagnosis? See attached medical information
	diagnosis? See attached medical information
	Did the diagnosing doctor perform a physical examination? See attached medical information
	Do you currently use tobacco products? See attached medical information
	Have you ever used tobacco products? See attached medical information
	If answer to either question is yes, please indicate whether you have regularly used any of the following tobacco products and the dates and frequency with which such products were used: See attached medical information
	Cigarettes Packs Per Day (half pack = .5) Start Year End Year
	Cigars Cigars Per Day Start Year End Year
	If Other Tobacco Products, please specify (e.g., chewing tobacco):  Amount Per Day  Start Year  End Year
	Have you ever been diagnosed with chronic obstructive pulmonary disease ("COPD")? Yes No
	If yes, please attach all documents regarding such diagnosis and explain the nature of the diagnosis:  See attached medical information
3.	Information Regarding Chest X-Ray
	Please check the box next to the applicable location where your chest x-ray was taken (check one):
	Mobile laboratory Dob site Union Hall Doctor office Hospital X Other: Objection: relevance
	Address where chest x-ray taken: Objection: relevance Address

State/Province

Zip/Postal Code

City

# PARTIL: ASBESTOS RELATED CONDITION(S) (Continued)

|--|

	formation Regarding Chest X-Ray Reading Se		
D٤	ate of Reading://		
	ame of Reader:		
	eader's Daytime Telephone Number:		_
	eader's Mailing Address:Address		
Cit	ty	State/Province	Zip/Postal Code
W	ith respect to your relationship to the reader, c	heck all applicable boxes:	-
W	as the reader paid for the services that he/she perfo	ormed Objection: relevance	Yes No
<i>If</i> j	yes, please indicate who paid for the services perf	formed:	
Di	id you retain counsel in order to receive any of the	services performed	
bу	the reader? Objection: relevance		Yes
W	as the reader referred to you by counsel? Objection	on: relevance	Yes
Ar	re you aware of any relationship between the reade	er and your legal counsel? Objection: relevance.	Yes
<i>If</i> j	yes, please explain:		
	as the reader certified by the National Institute		ne of the reading?
•••		·	X Yes 🗌 No
If wl	the reader is not a certified B-reader, please de hich the reading was made:	scribe the reader's occupation, specialty, and	the method through
In	formation Regarding Pulmonary Function Tes	t: See attached medical information Date of Tes	t://
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L)	st your height in feet and inches when test give	n: See attached medical information	ft inches
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List To For Fig. 1. To	st your weight in pounds when test given: See attached medical orced Vital Capacity (FVC): See attached medical orced Vital Capacity (FVC): See attached medical orced Vital Capacity (FVC): See attached medical information ame of Doctor Performing Test (if applicable): Octor's Specialty: See attached medical information ame of Clinician Performing Test (if applicable) esting Doctor or Clinician's Mailing Address: Setting Doctor or Clinician's Daytime Telephone ame of Doctor Interpreting Test:  Doctor's Specialty:	attached medical information  information  See attached medical information  ion  See attached medical information ee attached medical information Address  State/Province  Number:	lbs% of predicted% of predicted% of predicted

# PARTH: ASBESTOS-RELATED CONDITION(S) (Continued)

MR GRACE PIO 018335-0015

WR GRACE PIO 018335-00
With respect to your relationship to the doctor or clinician who performed the pulmonary function test check all applicable boxes:
If the test was performed by a doctor, was the doctor your personal physician? Objection: relevance Yes No
Was the testing doctor and/or clinician paid for the services that he/she performed? Objection: relevance Yes No
If yes, please indicate who paid for the services performed:
Did you retain counsel in order to receive any of the services performed by the testing doctor
or clinician? Objection: relevance
Was the testing doctor or clinician referred to you by counsel? Objection: relevance Yes No
Are you aware of any relationship between either the doctor or clinician and your legal
counsel? Objection: relevance Yes No
If yes, please explain:
Was the testing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at the time of the pulmonary function test? See attached medical information Yes No
With respect to your relationship to the doctor interpreting the results of the pulmonary function test check all applicable boxes:
Was the doctor your personal physician? Objection: relevance Yes No
Was the doctor paid for the services that he/she performed? Objection: relevance Yes No
If yes, please indicate who paid for the services performed:
Did you retain counsel in order to receive any of the services performed by the
doctor? Objection: relevance Yes No
Was the doctor referred to you by counsel? Objection: relevance
Are you aware of any relationship between the doctor and your legal counsel? Objection: relevance Yes No
If yes, please explain
Was the doctor interpreting the pulmonary function test results certified as a pulmonologist or internist by the American Board of Internal Medicine at the time the test results were reviewed?
Information Regarding Pathology Reports:
Date of Pathology Report: See attached medical information ///
Findings: See attached medical information
Name of Doctor Issuing Report: See attached medical information
Doctor's Specialty: See attached medical information
Doctor's Mailing Address: See attached medical information Address
City State/Province Zip/Postal Code
Doctor's Daytime Telephone Number: See attached medical information()
With respect to your relationship to the doctor issuing the pathology report, check all applicable boxes:
Was the doctor your personal physician? Objection: relevance
Was the doctor paid for the services that he/she performed? Objection: relevance
If yes, please indicate who paid for the services performed:
Did you retain counsel in order to receive any of the services performed by the
doctor? Objection: relevance Yes No
Was the doctor referred to you by counsel? Objection: relevance

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Are you aware of any relationship between the doctor and your legal counsel? Objection:	relevance
If yes, please explain:	WR GRACE PIQ 018335-0016
Was the doctor certified as a pathologist by the American Board of Pathology at the	time of the diagnosis?
See attached medical information	Yes No

PART II. ASBE	SEOSEREFATEDECONDITION(S):(C	ontinued)	RESTRICTED AND REPORT OF THE PROPERTY OF THE P						
7. With respect to the condition alleged, ha	ive you received medical treatment fro	m a doctor for the condit	WR GRACE PIQ 618338						
Objection. Relevance.	***************************************		Yes 🔲 No						
If yes, please complete the following:	•		· <del></del>						
Name of Treating Doctor:	n/a								
Treating Doctor's Specialty: <u>n/a</u>									
Treating Doctor's Mailing Address:	<u>n/a</u> idress								
City	State/Province	Zip/l	Postal Code						
Treating Doctor's Daytime Telephone n	umber: <u>n/a</u> (	)							
Was the doctor paid for the services that he/she performed?									
If yes, please indicate who paid for the ser	If yes, please indicate who paid for the services performed: 11/2								
Did you retain counsel in order to receiv	e any of the services performed by the	doctor? <u>n/a</u>	Yes No						

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PARTITI: DIRECTEXPOSURETIO

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked. In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Grace asbestos-containing products
- (b) A worker who personally removed or cut Grace asbestos-containing products
- (c) A worker who personally installed Grace asbestos-containing products
- (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (e) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (f) If other, please specify.

	1	ı		9118 947.51				14	/R GRACE	PIQ 0183	35-0012
				Nature of Expo					aino	0 100	-5 40 10
				ne to voukihg in or respondent was being fremoved or cut dears your regilar 10 silch areas				A CONTRACTOR OF THE CONTRACTOR			
			mployment:	irre Was exposure due fo wor e incound areas whereproduce de installed, mixed, removre Il Yes please indicate vou for when the production of							
			ember during your e	Occupation Industry Code Code: If Code Sop If Code Sop If Specific specific							
	Location:		Unions of which you were a member during your employment:	Dates and Frequency Officious of Exposure						-	6
		Site Owner:	, Or	Basis for Didentification of Each Case Product							
	Exhibit A	Site Type:   Residence   Business		Products	See Exhibit A						
Site of Exposure:	Site Name: See Exhibit A	Site Type:	Employer During Exposure:		Job 1 Description:	Job 2 Description:	Job 3 Description:	Job 4 Description:	Job 5 Description:	Job 6 Description:	(PD050K47.1)

# PARTIV: INDIRECT EXPOSURE TO: GRACE ASBESTOS-CONTAINING PRODUCTS.

WR GR	ACE	PIQ 0	1833	5-0019

1.	Are you asserting an injury caused by exposure to Grace asbestos-containing products through contact/proximity								
	with another injured person? Objection. See complaint filed in Middlesex, MA 99-5053. See F.S.A. 90.408  Yes No								
	If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.								
2.	Please indicate the following information regarding the other injured person:								
	Name of Other Injured Person: <u>n/a</u> Gender: Male Female								
	Last Four Digits of Social Security Number: Birth Date://								
3.	What is your Relationship to Other Injured Person:								
4.	Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products: <u>n/a</u>								
5.	Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products: N/A  From:/ To://								
6.	Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product: <u>n/a</u>								
7.	Has the Other Injured Person filed a lawsuit related to his/her exposure? Objection. Relevance. Yes No								
	If yes, please provide caption, case number, file date, and court name for the lawsuit:								
	Caption:								
	Case Number: File Date://								
	Court Name:								
8.	Nature of Your Own Exposure to Grace Asbestos-Containing Product:  See question 1 above								
9.	Dates of Your Own Exposure to Grace Asbestos-Containing Product: See question 1 above.								
	From:// To://								
10	. Your Basis for Identification of Asbestos-Containing Product as Grace Product: See question 1 above								

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# PARILV EXPOSURE TO NON-GRACE ASBESTOS: CONTAINING PRODUCTS

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked. In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Non-Grace asbestos-containing products
  - (b) A worker who personally removed or cut Non-Grace asbestos-containing products
- (c) A worker who personally installed Non-Grace asbestos-containing products

Objection: Burdensome/Public Record

(d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others

 (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others

(f) If other, please specify.

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	240																
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Was exposure due fo working in or argument areas where product was being firstalled, mixed, removed, or out?	on a minimum of the second																
Industry Code HCode VIS	specific																
Occupation Gode Woode 59	Specific																
Dates and Frequency Of Exposite (flours, day, soar)																	Ξ
Production																	
Claim was Filed; heef	Job I Description:	•	Job 2 Description:		Job 3 Description:	Job 1 Description:		Job 2 Description:		Job 3 Description:	Job I Description:		Job 2 Description;		Job 3 Description:		
Party Against which Lawsuit or Claim was Filed: See attached Complaint cover sheet	Site of Exposure 1	Site Name:	Address:	City and State:	Site Owner:	Site of Exposure 2	Site Name:	Address:	City and State:	Site Owner:	Site of Exposure 3	Site Name:	Address:	City and State:	Site Owner:		

# PARTVI: EMPLOYMENT HISTORY



Other than jobs listed in Part III or V; please complete this Part VI for all of your prior industrial work experience up to and including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

Occupation Code: 58 If	Code 59, specify: Objection: E	Burdensome. See Exhibit A	
Industry Code: 103, 10	04, 111 If Code 118	, specify:	
Employer:			
Beginning of Employment: _	//	End of Employment:	//
Location:			
Address			
City		State/Province	Zip/Postal Code
Occupation Code:	If Code 59, specify:		
Industry Code:	. If Code 118, specify:		***
Employer:			
Beginning of Employment: _	//	End of Employment:	. <u></u> //
Address			
City		State/Province	Zip/Postal Code
Occupation Code:	If Code 59, specify:	·	
_			
_ • .			
Beginning of Employment: _	/	End of Employment:	//
Location:			
Address			
City		State/Province	Zip/Postal Code
Occupation Code:	If Code 59, specify:		
Industry Code:	If Code 118, specify:		
Employer:			
Beginning of Employment:	//	End of Employment:	//
Location:			
Address			
City		State/Province	Zip/Postal Code

# PART VII. LITIGATION AND CLAIMS REGARDING ASBEST OF AND/ORSII



a.	LITIGATION
1.	Have you ever been a plaintiff in a lawsuit regarding asbestos or silica?X Yes No
	If yes, please complete the rest of this Part VII(a) for each lawsuit. For your convenience, additional copies of Part VII are attached as Appendix G to this Questionnaire
2.	Please provide the caption, case number, file date, and court name for the lawsuit you filed:
	Caption: See Complaint cover sheet
	Case Number: 99-5053 File Date: 10/18/99
	Court Name: Middlesex, MA
3.	Was Grace a defendant in the lawsuit? Prior to April 2, 2001, then yes
4.	Was the lawsuit dismissed against any defendant?X Yes No
	If yes, please provide the basis for dismissal of the lawsuit against each defendant:
rec	Objection: burdensome. For Voluntary Dismissals, please see docket and pleadings filed in the case which are public ords
5.	Has a judgment or verdict been entered? Objection: See Florida Statute § 90.408
6.	Was a settlement agreement reached in this lawsuit? Objection: See Florida Statute § 90.408
	If yes and the settlement was reached on or after April 2, 2001, please indicate the following:
	a. Settlement amount for each defendant:
	b. Applicable defendants:
	c. Disease or condition alleged:
	d. Disease or condition settled (if different than disease or condition alleged):
7.	Were you deposed in this lawsuit?
	If yes and Grace was not a party in the lawsuit, please attach a copy of your deposition to this Questionnaire.
b.	CLAIMS
1.	Have you ever asserted a claim regarding asbestos and/or silica, including but not limited to a claim against an asbestos trust (other than a formal lawsuit in court)? Objection, vague, irrelevant, ambiguous and unduly burdensome Yes No
	If yes, please complete the rest of this Part VII(b). If no, please skip to Part VIII.
2.	Date the claim was submitted:
3.	Person or entity against whom the claim was submitted:
1.	Description of claim:
5.	Was claim settled?Yes No
6.	Please indicate settlement amount: Objection: See Florida Statute § 90.408
7.	Was the claim dismissed or otherwise disallowed or not honored?
	If yes, provide the basis for dismissal of the claim:



PART VIII. CLAIMS BY DEPENDENTS OF RELATED PERSONS. Name of Dependent or Related Person: Objection: relevance Gender: Male Female Last Four Digits of Social Security Number: Birth Date: \_\_\_/\_\_\_/\_\_\_\_/ Financially Dependent: Yes No Relationship to Injured Party: Spouse Othid Other If other, please specify Mailing Address: Address City State/Province Zip/Postal Code Daytime Telephone number: ...... PARTIX: SUPPORTING DOCUMENTATION Please use the checklists below to indicate which documents you are submitting with this form. Copies: See attached medical information X-ravs Medical records and/or report containing a diagnosis X-ray reports/interpretations Lung function test results CT scans Lung function test interpretations CT scan reports/interpretations Pathology reports Depositions from lawsuits indicated in Part VII Supporting documentation of exposure to Grace of this Questionnaire asbestos-containing products Death Certification Supporting documentation of other asbestos exposure **Originals:** Supporting documentation of other asbestos exposure Medical records and/or report containing a diagnosis X-rays Lung function test results X-ray reports/interpretations Lung function test interpretations CT scans Pathology reports CT scan reports/interpretations Supporting documentation of exposure to Grace Death Certification asbestos-containing products Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such costs: PARTX: ATTESTATION THAT INFORMATION IS TRUE AND ACCURATE The information provided in this Questionnaire must be accurate and truthful. This Questionnaire is an official court document that may be used as evidence in any legal proceeding regarding your Claim. The penalty for presenting a fraudulent Questionnaire is a fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 & 3571. TO BE COMPLETED BY THE INJURED PERSON. I swear, under penalty of perjury, that, to the best of my knowledge, all of the foregoing information contained in this Questionnaire is true, accurate and complete. Signature: Please Print Name: TO BE COMPLETED BY THE LEGAL REPRESENTATIVE OF THE INJURED PERSON. I swear that, to the best of my knowledge, all of the information contained in this Questionnaire is true, accurate and complete. Signature: Date: 06/12/2006 Please Name: Print David A.

# REDACTED

. c/o Ferraro & Associates, P.A., 4000 Ponce de Leon Bouleva

Miami, Florida, 33146, Phone: (305) 375-0111



# Exposure Sheet

Ferraro & Associates, P.A.

For

Sorted by Manufacturer then Date

01/20/2006

Manufacturer: W.R. Grace & Company

REDACTED

Products: Plaster, Monokote, Cement

Jobsite	City	State	Start Date	Stop Date
Boston Naval Shipyard	Charleston	MA	01/01/1966	12/01/1972
South Boston Anex Shipyard	So. Boston	MA	01/01/1966	12/01/1972
U.S. Navy	San Diego	CA	01/01/1966	12/01/1972
Charlestown Naval Shipyard	Boston	MA 👸	01/01/1966	12/01/1972
Lyons & Ironwork	Manchester	NH	01/01/1972	12/31/1974
Portsmouth Naval Shipyard	Kittery	ME	01/01/1974	12/31/1974
Public Service NH (Merrimack Station)	Bow	NH	01/01/1974	12/31/1974
University of New Hampshire	Durham	NH	01/01/1974	12/31/1974
Schiller Station	Portsmouth	NH	01/01/1974	12/31/1974
Groveton Paper Co.	Groveton	NH	01/01/1974	12/31/1974
Brown Paper Co.	Berlin	NH 🤻	01/01/1974	12/31/1974

# IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE



# Chapter 11

In Re:	Bankruptcy No.
Owens Corning	00-3837-JKF
Armstrong World Industries	00-4471-JKF
W.R. Grace & Co.	01-1139-JKF
USG Corp.	01-2094-JKF
United States Mineral Products Company	01-2471-JKF
Kaiser Aluminum Corporation, Inc.	02-10429 <b>-</b> JKF
ACandS, Inc.	02-12687-JKF
Combustion Engineering, Inc.	03-10495-JKF
The Flintkote Company	04-11300-JKF

Debtor(s)

### POWER OF ATTORNEY/PROXY

The undersigned Claimant hereby authorizes James L. Ferraro, Esq. and/or David A. Jagolinzer, Esq., of Ferraro & Associates, P.A., 4000 Ponce de Leon Blvd. Suite 700, Miami, Florida 33146, or any of its attorneys, as their delegates, to act as attorney-in-fact for the undersigned, with full power of substitution, to act and/or vote on any issue that may be submitted to or involve creditors or claimants of any debtor, associated debtor, related company or their insurers, in or related to the above-referenced bankruptcy actions and any other bankruptcy actions, and in general, to perform any act for the undersigned in these related bankruptcy matters, including matters arising, or related to Claimant's asbestos or silica claim, including the investigation, negotiation and settlement of any such claim and submission of any materials for settlement or processing of the claim.

Signed:\_\_ REDACTED

SWORN TO AND SUBSCRIBED TO, before me and produce all drivers france this 15 day of North , 2004.

NOTARY PUBLIC, My Commission Expires:

JAMES L. HAUSER, Notary Public My Commission Expires August 25, 2008



# LAXMINARAYANA C. RAO, M.D., EC.C.P., EA.C.P. EA.C.I.P., EA.A.D.E.P., EA.C.F.E.

Pulmonary Medicine Associates, Inc.
Board Certified in Internal Medicine and Pulmonary Disease
NIOSH"B" READER

REDACTED

7/19/99

. .

The film dated 6/10/99 is of good quality. Irregular opacities are present in the lower and middle zones of 1/1 profusion. Diaphragmatic pleural plaque is noted on the left. Diffuse chest wall pleural thickening is noted on the right. Right pleural effusion to be excluded. Ill-defined diaphragm on the right side. Mesothelioma to be excluded.

With a significant exposure history to asbestos dust, these findings are consistent with the diagnoses of asbestosis and asbestos associated pleural fibrosis. There is evidence for possible malignancy.

Laxminarayana C. Rao, M.D., F.C.C.P., F.A.C.P.

F.A.C.I.P., F.A.A.D.E.P., F.A.C.F.E.

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F7-13

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Pulmonary Medicine Associates, Inc. • Occupational Division
Old Oak Medical Pavilion • 7225 Old Oad Blvd., Suite #101 • Middleburg His., OH 44130 • 440-826-3030

PATIENT NAME		\$\$ <b>#</b>		YPE OF READING
1A. DATE OF X-RAY  06/10/99	1B. FILM QUALITY	S has there y	IC. IS FILM COMPLE NEGATIVE? YES Preciad in Section A	ETELY IO X Proceed to Section 2
2A. <u>ANY</u> PARENCHYMAL A CONSISTENT WITH PI		YES X	COMPLETE NO .	Proceed to Section 3
2B. SMALL OPACITIES  a. SHAPE/SIZE  PRIMARY SECONDARY  p s p s q X q X r u r u	b. ZONES	2. PROFUSION  04- 0/0 0/1  1/0 14- 1/2  2/1 2/2 2/3  2/1 2/3 2/+	2C. LARGE OPACITI	-
3A. <u>ANY</u> PLEURAL ABNO CONSISTENT WITH P		ĀE2 🔀	COMPLETE NO DE SE, 3C and 1D NO	PROCEED TO SECTION 4
s. DIAPHRAUM (plaque)  SPTE OR A  b. COSTOPHRENIC	SITE O A B C  I. WIDTH  II. EXTENT 0 1 2 3  FACE ON  III. EXTENT 0 1 2 3  FION  SITE SR EXTENT  AGM 0 1 2 3  SITES 0 1 2 3  MALITIES?	A B C OTHER	AGM O123 SITES 0123  WIDTH 1 EXTENT 011  AGM O123  O123  O123  O123  MPLETE NO	PROCEED TO SECTION 6
Report Rems which may be of, present clinical significance in this section.	(SPECIFY od.)		Date Per	sonal Physician natified?
4C. OTHER COMMENTS	ersonal physk::An bec.	luse of Commen	FS IN SECTION 4C. YES N	o PROCEED TO SECTION 5
5. FILM READER'S INTT	ALS PHYSICIA	1 5 7 0 6 8 0. F.C.C.P., F.A.C	TIT NUMBER*	Whaterfanolog

Cld Cak Medical Parilian

723 Cld Can Sive. Suite #101

NGdalabore His. CH 44130

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# ORIGINAL MAILED PIQ RETURNED BLANK WITH COMPLETED EDITABLE PDF.

# BLANK QUESTIONNAIRE RETAINED BUT NOT PROCESSED



FedEx | Ship Manager | Label7910 4626 1687

Page 1 of 1

From: Origin ID: (305)375-0111 Eva Villanueva Ferraro & Associates, P.A. 4000 Ponce DeLeon Blvd. Suite 700 Miami, FL 33146

SHIP TO: (800)432-1909 **BILL SENDER Claims Processing Agent** Rust Consulting, Inc W.R. Grace & Co. Bankruptcy 201 S. Lyndale Avenue Faribault, MN 55021



Ship Date: 11JUL06 ActWgt: 40 LB System#: 8785132/INET2500 Account#: S \*\*\*\*\*\*\*

Dimmed: 17 X 13 X 12 IN

REF: W.R. Grace Questionnaire

Delivery Address Bar Code

PRIORITY OVERNIGHT

FORM 0201 7910 4626 1518°

WED Deliver By: 12JUL06

TRK#

AA MSP

55021 -MN-US



# W. R. Grace **Asbestos Personal Injury** Questionnaire

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10315607058061

RE:

Ferraro & Associates, P.A. 200 S Biscayne Blvd ; #3800 ... Miami FL 33131-2331 REC'D JUL 1 2 2006



Case 01-01139-AMC Doc 13619-12 Filed 11/09/06 Page 32 of 58

WR GRACE PIQ 018994-0062

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VR GRACE PIQ 018334-0003

# W. R. Grace Asbestos Personal Injury Questionnaire

WR GRACE PIQ 018334-0004

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# AND CORNER BIG 019924 SINK

# IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

In re:	) Chapter 11
W. R. GRACE & CO., et al.,	) Case No. 01-01139 (JKF)
	) Jointly Administered
Debtors.	}

# W. R. Grace Asbestos Personal Injury Questionnaire

YOU HAVE RECEIVED THIS QUESTIONNAIRE BECAUSE GRACE BELIEVES THAT YOU HAD SUED ONE OR MORE OF THE DEBTORS LISTED IN APPENDIX A ATTACHED TO THIS QUESTIONNAIRE BEFORE GRACE FILED FOR BANKRUPTCY ON APRIL 2, 2001 FOR AN ASBESTOS-RELATED PERSONAL INJURY OR WRONGFUL DEATH CLAIM, AND THAT CLAIM WAS NOT FULLY RESOLVED.

IF YOU HAVE SUCH A CLAIM, YOU MUST COMPLETE AND SUBMIT THIS QUESTIONNAIRE BY JANUARY 12, 2006 TO RUST CONSULTING, INC., THE CLAIMS PROCESSING AGENT, AT ONE OF THE FOLLOWING ADDRESSES:

# IF SENT BY U.S. MAIL

RUST CONSULTING, INC. CLAIMS PROCESSING AGENT RE: W.R. GRACE & CO. BANKRUPTCY P.O. BOX 1620 FARIBAULT, MN 55021

IF SENT BY FEDERAL EXPRESS, UNITED PARCEL SERVICE, OR A SIMILAR HAND DELIVERY SERVICE

RUST CONSULTING, INC.
CLAIMS PROCESSING AGENT
RE: W.R. GRACE & CO. BANKRUPTCY
201'S. LYNDALE AVE.
FARIBAULT, MN 55021

A QUESTIONNAIRE (AND ANY AMENDMENTS OR ADDITIONAL DOCUMENTS IN SUPPORT OF THE QUESTIONNAIRE) WILL <u>NOT</u> BE CONSIDERED UNLESS RECEIVED BY RUST CONSULTING, INC. BY JANUARY 12, 2006.

THIS QUESTIONNAIRE IS AN OFFICIAL DOCUMENT APPROVED BY THE COURT IN CONNECTION WITH ESTIMATING GRACE'S ASBESTOS-RELATED PERSONAL INJURY AND WRONGFUL DEATH CLAIMS AS A WHOLE. THE QUESTIONNAIRE IS BEING USED BY W. R. GRACE AS A MEANS TO SEEK INFORMATION ABOUT YOUR ASBESTOS CLAIM. BY TIMELY RETURNING THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE, GRACE, THE OFFICIAL COMMITTEES, AND THE FUTURE CLAIMANTS REPRESENTATIVE WILL SEEK TO PRIORITIZE THE PROCESSING OF YOUR CLAIM UNDER ANY TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION.

THE COURT HAS ORDERED THAT, AS PART OF THE DISCOVERY PROCESS, ALL HOLDERS OF PREPETITION ASBESTOS PERSONAL INJURY CLAIMS MUST COMPLETE AND RETURN THIS QUESTIONNAIRE. THUS, FAILURE TO TIMELY RETURN THE QUESTIONNAIRE AS COMPLETELY AND ACCURATELY AS POSSIBLE MAY RESULT IN SANCTIONS AND/OR OTHER RELIEF AVAILABLE UNDER APPLICABLE FEDERAL RULES.

BECAUSE YOUR CLAIM WILL BE EVALUATED IN ACCORDANCE WITH THE TRUST DISTRIBUTION PROCEDURES APPROVED AS PART OF A PLAN OF REORGANIZATION, COMPLETION OF THIS QUESTIONNAIRE DOES NOT MEAN THAT YOUR CLAIM WILL EITHER BE ALLOWED OR PAID. TO THE EXTENT YOU ATTACH TO THIS QUESTIONNAIRE DOCUMENTS ALSO NEEDED BY THE TRUST TO PROCESS YOUR CLAIM, SUCH DOCUMENTS WILL BE PROVIDED TO THE TRUST AND YOU WILL NOT NEED TO RESUBMIT THEM.

# INSTRUCTIONS CROSS PIO 018

# A. GENERAL

This Questionnaire refers to any lawsuit that you filed before April 2, 2001 for an "asbestos-related personal injury or wrongful death claim." This term is intended to cover any lawsuit alleging any claim for personal injuries or damages that relates to: (a) exposure to any products or materials containing asbestos that were manufactured, sold, supplied, produced, specified, selected, distributed or in any way marketed by one or more of the Debtors (or any of their respective past or present affiliates, or any of the predecessors of any of the Debtors or any of their respective past or present affiliates, any of the predecessors of any of the Debtors or any of their respective past or present affiliates, any of the predecessors of any of the Debtors or any of their predecessors' respective past or present affiliates). It includes claims in the nature of or sounding in tort, or under contract, warranty, guarantee, contribution, joint and several liability, subrogation, reimbursement, or indemnity, or any other theory of law or equity, or admiralty for, relating to, or arising out of, resulting from, or attributable to, directly or indirectly, death, bodily injury, sickness, disease, or other personal injuries or other damages caused, or allegedly caused, directly or indirectly, and

arising or allegedly arising, directly or indirectly, from acts or omissions of one or more of the Debtors. It includes all such claims, debts, obligations or liabilities for compensatory damages such as loss of consortium, personal or bodily injury (whether physical, emotional or otherwise), wrongful death, survivorship, proximate, consequential, general,

- 2. Your Questionnaire will be deemed filed only when it has been received by Rust Consulting Inc., the Claims Processing Agent, via U.S. Mail, Federal Express, United Parcel Service or a similar hand delivery service. A Questionnaire that is submitted by facsimile, telecopy or other electronic transmission will not be accepted and will not be deemed filed.
  - Do not send any Questionnaire to the Debtors, counsel for the Debtors, the Future Claimants Representative, the Official Committee of Unsecured Creditors, the Official Committee of Asbestos Personal Injury Claimants, the Official Committee of Asbestos Property Damage Claimants, the Official Committee of Equity Security Holders, or such Committees' counsel. Questionnaires that are filed with or sent to anyone other than Rust Consulting, Inc. will be deemed not to have been submitted, and such Questionnaires will not be considered.
- 3. Your completed Questionnaire must (i) be written in English, and (ii) attach relevant supporting materials as instructed further below.
- 4. All holders of claims described on page i (and as described in further detail in Instruction A (1) above) are required to file this Questionnaire by Jan. 12, 2006. Your Questionnaire will be used in connection with the estimation hearing to be conducted by the Court pursuant to the Estimation Procedures Order (a copy of which is attached as Appendix B).
- Any subsequent amendment to the Questionnaire will not be considered for any purpose unless received by Jan. 12, 2006

# B. PART I - Identity of Injured Person and Legal Counsel

Respond to all applicable questions. If you are represented by a lawyer, then in Part I (b), please provide your lawyer's name and the name, telephone number and address of his/her firm. If you are represented by a lawyer, he/she must assist in the completion of this Questionnaire. Also, if you would prefer that the Debtors send any additional materials only to your lawyer, instead of sending such materials to you, then check the box indicating this in Part I (b).

All references to "you" or the like in Parts I through X shall mean the injured person. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete this Questionnaire.

### C. PART II - Asbestos-Related Condition(s)

Please indicate all asbestos-related medical conditions for which you have been diagnosed. To complete questions related to injuries, medical diagnoses, and/or conditions, please use the following categories of customarily diagnosed conditions:

Mesothelioma

special, and punitive damages.

- Asbestos-Related Lung Cancer
- Other Cancer (colon, laryngeal, esophageal, pharyngeal, or stomach)
- Clinically Severe Asbestosis
- Asbestosis
- Other Asbestos Disease

If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

Supporting Documents for Diagnosis: This Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that support or conflict with your diagnosis.

X-rays and B-reads: Please attach all x-ray readings and reports. You may, but are not required to, attach chest x-rays. The court, however, has ruled that Grace may seek access to chest x-rays upon request.

Pulmonary Function Tests: Please attach all pulmonary function test results, including the actual raw data and all spirometric tracings, on which the results are based.

### D. PART III - Direct Exposure to Grace Asbestos-Containing Products

In Part III, please provide the requested information for the job and site at which you were WR GRACE PIQ 018334-0007 asbestos-containing products. Indicate the dates of exposure to each Grace asbestos-containing product. If your exposure was a result of your employment, use the list of occupation and industry codes below to indicate your occupation and the industry in which you worked at each site. If you allege exposure to Grace asbestos-containing products at multiple sites, the Court has ordered that you must complete a separate Part III for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.

Attach copies of any and all documents establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the disease.

- **Occupation Codes** 31. Iron worker 01. Air conditioning and heating installer/maintenance 32. Joiner 02. Asbestos miner 33. Laborer 03. Asbestos plant worker/asbestos manufacturing worker 04. Asbestos removal/abatement 34. Longshoreman 05. Asbestos sprayer/spray gun mechanic 35. Machinist/machine operator 36. Millwright/mill worker 06. Assembly line/factory/plant worker 07. Auto mechanic/bodywork/brake repairman 37. Mixer/bagger 08. Boilermaker 38. Non-asbestos miner 09. Boiler repairman 39. Non-occupational/residential 10. Boiler worker/cleaner/inspector/engineer/installer 40. Painter 11. Building maintenance/building superintendent 41. Pipefitter 12. Brake manufacturer/installer 42. Plasterer 43. Plumber - install/repair 13. Brick mason/layer/hod carrier 14. Burner operator 44. Power plant operator 15. Carpenter/woodworker/cabinetmaker 45. Professional (e.g., accountant, architect, physician) 16. Chipper 46. Railroad worker/carman/brakeman/machinist/conductor 17. Clerical/office worker 47. Refinery worker 18. Construction - general 48. Remover/installer of gaskets 19. Custodian/janitor in office/residential building 49. Rigger/stevedore/seaman 20. Custodian/janitor in plant/manufacturing facility 50. Rubber/tire worker 21. Electrician/inspector/worker 51. Sandblaster 22. Engineer 52. Sheet metal worker/sheet metal mechanic 23. Firefighter 53. Shipfitter/shipwright/ship builder 24. Fireman 54. Shipyard worker (md. repair, maintenance) 25. Flooring installer/tile installer/tile mechanic 55. Steamfitter 26. Foundry worker 56. Steelworker
- 29. Heavy equipment operator (includes truck, forklift, & crane) 59. Other
- 30. Insulator

28. Glass worker

27. Furnace worker/repairman/installer

### **Industry Codes**

57. Warehouse worker

58. Welder/blacksmith

١	001.	Asbestos abatement/removal	109. Petrochemical
I	002.	Aerospace/aviation	110. Railroad
١	100.	Asbestos mining	111. Shipyard-construction/repair
١	101.	Automotive	112. Textile
ı	102.	Chemical	113. Tire/rubber
١	103.	Construction trades	114. U.S. Navy
l	104.	Iron/steel	115. Utilities
I	105.	Longshore	<ol><li>116. Grace asbestos manufacture or milling</li></ol>
ı	106.	Maritime	117. Non-Grace asbestos manufacture or milling
ı		Military (other than U.S. Navy)	118. Other
1	108.	Non-asbestos products manufacturing	

### E. PART IV - Indirect Exposure to Grace Asbestos-Containing Products

In Part IV, please provide the information requested for any injury alleged to have been caused by exposure with another injured person. If you allege exposure through contact/proximity with multiple injured persons, please complete a separate Part IV for each injured person. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.

### F. PART V - Exposure to Non-Grace Asbestos-Containing Products

In Part V, please provide the requested information for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate Part V for each party. If exposure was in connection with your employment, use the list of occupation and industry codes in Part III to indicate your occupation and the industry in which you worked. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

### G. PART VI - Employment History

In Part VI, please provide the information requested for each industrial job you have held, other than jobs already listed in Parts III or V. Use the list of occupation and industry codes in the instructions to Part III to indicate your occupation and the industry in which you worked for each job. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

### H. PART VII -- Litigation and Claims Regarding Asbestos and/or Silica

In Part VII, please describe any lawsuits and/or claims that were filed by you or on your behalf regarding asbestos or silica.

### I. PART VIII -- Claims by Dependents or Related Persons

Part VIII is to be completed only by dependents or related persons (such as spouse or child) of an injured person who sued the Debtors before April 2, 2001 for an asbestos-related personal injury or wrongful death claim against Grace not involving physical injury to him-/herself on account of his/her own exposure. One example of such a claim would be a claim for loss of consortium. If you are asserting such a claim, complete the entire Questionnaire, providing all information and documentation regarding the injured person.

### J. PART IX -- Supporting Documentation

In Part IX, please mark the boxes next to each type of document that you are submitting with this Questionnaire. As indicated in the instructions to Parts II and III, this Questionnaire must be accompanied by copies, with access to originals upon request, of any and all documents you, your counsel, or your doctors have or subsequently obtain that (a) support or conflict with your diagnosis and/or (b) establish exposure to Grace asbestos-containing products as having a substantial causal role in the development of the medical diagnoses, and/or conditions claimed. Original documents provided to Grace will be returned within a reasonable time after its professionals and experts have reviewed the documents.

Grace will reimburse your reasonable expenses incurred in providing (a) copies of depositions you have given in lawsuits in which Grace was not a party and/or (b) any documents you have previously provided to Grace in prior litigation. Please indicate the documents for which you are seeking reimbursement and attach a receipt for such cost.

### K. PART X -- Attestation that Information is True, Accurate and Complete

By signing Part X, you, the injured person, are attesting and swearing, under penalty of perjury, that, to the best of your knowledge, all of the information in this Questionnaire is true, accurate and complete. If the injured person is deceased, then the executor of the person's will (or similar estate representative) must complete and sign Part X on behalf of the injured person.

The legal representative of the injured person must complete and sign Part X where indicated.

# PART I DENTITY OF ENJURED BERSON AND LEGAL COUNSEL



a.	GENERAL INFORMATION			
1.	Name of Claimant: 2. Gender:	✓ Male ☐ Female		
3.	Race (for purposes of evaluating Pulmonary Fu		on: Dalawanaay I in	duly Durdonsomo
٥.	White/Caucasian	netion restresuits). Objecti	on. Relevancey On	dury Burdensome
	African American			
	Other	DEDACTED		
	Last Four Digits of Social Security Number:	REDACTED	5.	Birth Date:
6.	Mailing Address: Address	City	State/Province	Zin/Danial Cada
7		City		Zip/Postal Code
7.	Daytime Telephone Number:	***********************************		•••
b.	LAWYER'S NAME AND FIRM			
1.	Name of Lawyer: David A. Jagolinzer, Esq			
2.	Name of Law Firm With Which Lawyer is Affil	iated: The Ferraro Law Firm	1	
3.	Mailing Address of Firm: 4000 Ponce de Leon F	Blvd., Suite 700, Miami,	Florida	33146
	Address	City	State/Province	Zip/Postal Code
4.	Law Firm's Telephone Number or Lawyer's Di	rect Line:	•••••	( 305 ) 375-0111
	X Check this box if you would like the Debtors t lieu of sending such materials to you.	o send subsequent material re	lating to your clain	n to your lawyer, in
c.	CAUSE OF DEATH (IF APPLICABLE)			
1.	Is the injured person living or deceased?			
_	If deceased, date of death:			
2.	If the injured person is deceased, then attach a the following:		•	
	Primary Cause of Death (as stated in the Dea			•
	Contributing Cause of Death (as stated in the	Death Certificate):		
	PART II. ASBES	OS-RELATED CONDITION	ON(S)	
ins dia and	ork the box next to the conditions with which you tructions to this Questionnaire. If you have been disgnostic tests relating to the same condition by multipal any previous or subsequent diagnoses or diagnost avenience, additional copies of Part II are attached as	agnosed with multiple conditional ple doctors, please complete a tic tests that change or conf	ons and/or if you re separate Part II for lict with the initial	eceived diagnoses and reach initial diagnosis
1.	Please check the box next to the condition being	alleged:	•	•
	Asbestos-Related Lung Cancer	Mesothelioma		
	× Asbestosis	Other Cancer (cancer not	related to lung can	cer or mesothelioma)
	Other Asbestos Disease	Clinically Severe Asbesto	osis	
	a. Mesothelioma: If alleging Mesothelioma, following (check all that apply):	were you diagnosed with	malignant mesoth	elioma based on the
	diagnosis from a pathologist certified by t	he American Board of Pathol	ogy	
	diagnosis from a second pathologist certif			
	diagnosis and documentation supporting causal role in the development of the cond		containing product	s having a substantial

X other (please specify): Objection: See attached medical information was Generally ASBESTOS RELATED CONDITION(S) (Continued)

b.		pestos-Related Lung Cancer: If alleging Asbestos-Related Lung Cancer, were you diagnosed with primary g cancer based on the following (check all that apply):
		findings by a pathologist certified by the American Board of Pathology .
		evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
		evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
		evidence of asbestosis determined by pathology
		evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
		evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
		diffuse pleural thickening as defined in the International Labour Organization's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)
		a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer
	X	other (please specify): Objection: See attached medical information
c.	Otl	ner Cancer:
	(i)	If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged:
		☐ colon ☐ pharyngeal ☐ esophageal ☐ laryngeal ☐ stomach cancer
		other, please specify:
	(ii)	Were you diagnosed with the above-indicated cancer based on the following (check all that apply):
		findings by a pathologist certified by the American Board of Pathology
		evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
		evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
		evidence of asbestosis determined by pathology
		a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the cancer
		X other (please specify): Objection: See attached medical information

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# PART II: ASBESTOS-REPATED CONDITION(S) (Continued) with the condition of t

u.	(ch	eck all that apply):
		diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
		a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health
		a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health
		asbestosis determined by pathology
		a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating total lung capacity less than 65% predicted
		a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted
		a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the asbestosis
	X	other (please specify): Objection: See attached medical information
e.	Asl	bestosis: If alleging Asbestosis, was your diagnosis based on the following (check all that apply):
e.	Asl	bestosis: If alleging Asbestosis, was your diagnosis based on the following (check all that apply):  diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
e.	Asl	***
e.	Asi	diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine  a chest x-ray reading conducted in compliance with the standards set forth in the International Labour  Organization's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO
e.	Ass	diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine  a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)  a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the
e.	Ass	diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine  a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)  a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for-the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)
e.		diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine  a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)  a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)  asbestosis determined by pathology  a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating a FEVI/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80%

### PART II: ASBESTOS RELATED CONDITION(S) (Continued)



	ner Asbestos Disease: If alleging any asbestos-related injuries, medical diagnoses, and/or conditions other than se above, was your diagnosis based on the following (check all that apply):
	diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine
	diagnosis determined by pathology
	a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)
	a chest x-ray reading conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses by a second B-reader certified by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000)
	a chest x-ray reading other than those described above
. 🔲	a pulmonary function test, conducted in accordance with the standards set forth in the American Thoracic Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating a FEVI/FVC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% predicted or (b) forced vital capacity less than 80% predicted
	a pulmonary function test other than that discussed above
	a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the condition
	a CT Scan or similar testing
	a diagnosis other than those above
$\mathbf{X}$	other (please specify): Objection: See attached medical information

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### PART II: ASBESTOS RELATED CONDITION(S) (Continued)

WR GRACE	PIQ 0188	334-0013

Information Regard	ling Diagnosis		
Date of Diagnosis: .	.>>>>	•••••	<u>01/13/02</u>
Diagnosing Doctor	s Name: See attached		
Diagnosing Doctor	s Specialty: See attached		
Diagnosing Doctor	s Mailing Address: See attache Address	<u>đ</u>	
City		State/Province	Zip/Postal Code
Diagnosing Doctor	s Daytime Telephone Number:	()	
With respect to you	r relationship to the diagnosing	g doctor, check all applicable boxes:	
Was the diagnosing	doctor your personal physician?	Objection, Relevance.	
Was the diagnosing	doctor paid for the diagnostic ser	vices that he/she performed? Objection: rele	vance Yes No
If yes, please indicat	e who paid for the services perfo	rmed: Objection: relevance	
Did you retain couns	el in order to receive any of the s	services performed by the	
diagnosing doctor?	Objection: relevance		Yes No
Was the diagnosing	doctor referred to you by counsel	? Objection: relevance	Yes No
Are you aware of an	y relationship between the diagno	osing doctor and your	
legal counsel? Obje	ction: relevance		Yes No
If yes, please explain	:		
diagnosis? See atta Was the diagnosin diagnosis? See atta Did the diagnosing	ched medical informationg doctor provided with your ched medical informationdoctor perform a physical example.	complete occupational, medical and smo nination? See attached medical information	Yes   No   No   No   No   Yes   No   No   No   No   No   No   No   N
Have you ever used	tobacco products? See attached	d medical information	
		whether you have regularly used any of such products were used: See attached me	
☐ Cigarettes	Packs Per Day (half pack = .	.5) Start Year End	d Year
☐ Cigars	Cigars Per Day	Start Year Enc	d Year
If Other Tobac	co Products, please specify (e.g Amount Per Day	., chewing tobacco):  Start Year En	
		ective pulmonary disease ("COPD")?	
		iagnosis and explain the nature of the diagr	
		al information	
Information Regar			
Please check the bo	x next to the applicable location	n where your chest x-ray was taken (check	one):
Mobile laborat	ory 🔲 Job site 🔲 Union Hall	Doctor office Hospital X Other	: Objection: relevance
Address where che	st x-ray taken: Objection: relevent Address	vance	
City		State/Province	Zip/Postal Code

3					

### PARTITI: ASBESTOS REDATED CONDITION(S) (Continued)

	Information Regarding Chest X-Ray Reading See attached medical information	
	Date of Reading://	
	Name of Reader:	
	Reader's Daytime Telephone Number:	
	Reader's Mailing Address:	
	Address	
	City State/Province Zip/Postal Coc	de
	With respect to your relationship to the reader, check all applicable boxes:	
	Was the reader paid for the services that he/she performed Objection: relevance	No
	If yes, please indicate who paid for the services performed:	
	Did you retain counsel in order to receive any of the services performed	
	by the reader? Objection: relevance	No
	Was the reader referred to you by counsel? Objection: relevance Yes	No
	Are you aware of any relationship between the reader and your legal counsel? Objection: relevance	No
	If yes, please explain:	
	Was the reader certified by the National Institute for Occupational Safety and Health at the time of the reading	<b>;</b> ?
	X Yes □	No
	If the reader is not a certified B-reader, please describe the reader's occupation, specialty, and the method throu which the reading was made:	ugi
•	Information Regarding Pulmonary Function Test: See attached medical information Date of Test://	_
	List your height in feet and inches when test given: See attached medical information ft incl	hes
	List your weight in pounds when test given: See attached medical information	lb:
	Total Lung Capacity (TLC): See attached medical information % of predict	tec
	Forced Vital Capacity (FVC): See attached medical information % of predict	tec
	FEV1/FVC Ratio: See attached medical information % of predict	ted
	Name of Doctor Performing Test (if applicable): See attached medical information	
	Doctor's Specialty: See attached medical information	
	Name of Clinician Performing Test (if applicable): See attached medical information	
	Testing Doctor or Clinician's Mailing Address: See attached medical information  Address	
		_
	City State/Province Zip/Postal Cod	te
	24px 000x 000	de
	Testing Doctor or Clinician's Daytime Telephone Number:()	de —
	Testing Doctor or Clinician's Daytime Telephone Number:	
	Testing Doctor or Clinician's Daytime Telephone Number:	
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	Testing Doctor or Clinician's Daytime Telephone Number:	

### PARTIL ASBESTOS: RELATED CONDITION(S) (Continued)

WR GRACE	PIQ 018334-0018

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With respect to your relationship to the doctor or clinician who performed the pulmonary function test check all applicable boxes: If the test was performed by a doctor, was the doctor your personal physician? Objection: relevance...... Yes No Was the testing doctor and/or clinician paid for the services that he/she performed? Objection: relevance Yes No If yes, please indicate who paid for the services performed:. Did you retain counsel in order to receive any of the services performed by the testing doctor Are you aware of any relationship between either the doctor or clinician and your legal counsel? Objection: relevance Yes No If yes, please explain: Was the testing doctor certified as a pulmonologist or internist by the American Board of Internal Medicine at With respect to your relationship to the doctor interpreting the results of the pulmonary function test check all applicable boxes: Was the doctor your personal physician? Objection: relevance Yes No Was the doctor paid for the services that he/she performed? Objection: relevance Yes No If yes, please indicate who paid for the services performed: Did you retain counsel in order to receive any of the services performed by the doctor? Objection: relevance Yes No Are you aware of any relationship between the doctor and your legal counsel? Objection: relevance ...... Yes No If yes, please explain Was the doctor interpreting the pulmonary function test results certified as a pulmonologist or internist by the See attached medical information 6. Information Regarding Pathology Reports: Date of Pathology Report: See attached medical information \_\_\_\_\_/ \_\_\_/ See attached medical information Name of Doctor Issuing Report: See attached medical information Doctor's Specialty: See attached medical information Doctor's Mailing Address: See attached medical information Address City State/Province Zip/Postal Code With respect to your relationship to the doctor issuing the pathology report, check all applicable boxes: Was the doctor your personal physician? Objection: relevance \_\_\_\_\_\_\_ Yes No If yes, please indicate who paid for the services performed: Did you retain counsel in order to receive any of the services performed by the doctor? Objection: relevance Yes No 

		octor certified :		t by the America	n Board of Patholo		of the diagnosis?	
	See attach	ed medical info	mation	•••••••••				
						-	Yes	□ No
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PARIFII: ASBESTOS RELATED CONDITION(S) (Continued)

WR CRACE	PID 6	18834	-0017

With respect to the condition alleged, have you received medical treatment from a doctor for the condition?					
Objection. Relevance.	***************************************	••••			
If yes, please complete the following:					
Name of Treating Doctor: <u>n/a</u>					
Treating Doctor's Specialty: <u>n/a</u>					
Treating Doctor's Mailing Address: n/a Address					
City	State/Province		Zip/Postal Code		
Treating Doctor's Daytime Telephone number: n/a.	(	)			
Was the doctor paid for the services that he/she performed?	n/a		Yes No		
If yes, please indicate who paid for the services performed: <u>n</u>	/a				
Did you retain counsel in order to receive any of the services p	performed by the doc	tor? <u>n/a</u>			

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PARTITIES DE BECT. EXPOSURETO: GRACE ASBESTOS. CONTAINING PRODUCTS	Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire.  If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked.  In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:  (a) A worker who personally mixed Grace asbestos-containing products  (b) A worker who personally installed Grace asbestos-containing products  (c) A worker who personally installed Grace asbestos-containing products  (d) A worker in a space where Grace asbestos-containing products  (e) A worker who personally installed Grace asbestos-containing products  (g) If other, please specify.	Location:	Unions of which you were a member during your employment:	Basis form   Dates and Frequency   Occupation   Code   Around areas where product was being   Code   Installed mixed removed or cut)   Nature of Exposure   Code   Installed mixed removed or cut)   Nature of Exposure   Crace Product   (Inours days gain)   Frequency   Specify   Frequency   Specify   Speci					WR GRA	CE PIQ 01	8334-0018
	complete the chart below for each site at which you allege exposure to Grate chart for each site. For your convenience, additional copies of Part III soure was in connection with your employment, use the list of occupation "Nature of Exposure" column, for each job listed, please indicate the letter (a) A worker who personally mixed Grace asbestos-containing products (b) A worker who personally removed or cut Grace asbestos-containing.  (c) A worker who personally installed Grace asbestos-containing products		ire.	Product(s) Identificat	hibit A						
	Please complete the chart below for each site at which you allege expos a separate chart for each site. For your convenience, additional copies of Exposure was in connection with your employment, use the list of occ. In the "Nature of Exposure" column, for each job listed, please indicate  (a) A worker who personally mixed Grace asbestos-containing it  (b) A worker who personally removed or cut Grace asbestos-cor  (c) A worker who personally installed Grace asbestos-containing	Site of Exposure:  Site Name: See Exhibit A  Site Type:   Residence  Business	Employer During Exposure:	Α	Job 1 Description: See Exhibit A	Job 2 Description:	Job 3 Description:	Job 4 Description:	Job 5 Description:	Job 6 Description:	(D0050647:1)

# PART IV: INDIRECT EXPOSURE TO CRACE ASBESTOS CONTAINING PRODUCTS

WR GRACE	PIQ	0188	34	001	9

ı.	Are you asserting an injury caused by exposure to Grace asbestos-containing products through contact/proximity
	with another injured person? Objection. See complaint filed in Middlesex, MA 99-0724. See F.S.A. 90.408  Yes No
	If yes, complete questions 2 through 10 of this section for each injured person through which you allege exposure to Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached as Appendix E to this Questionnaire.
2.	Please indicate the following information regarding the other injured person:
	Name of Other Injured Person: <u>n/a</u> Gender: Male Female
	Last Four Digits of Social Security Number: Birth Date: / /
3.	What is your Relationship to Other Injured Person: n/a Spouse Child Other
4.	Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products: <u>n/a</u>
5.	
6.	Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product: <u>n/a</u>
7.	Has the Other Injured Person filed a lawsuit related to his/her exposure? Objection. Relevance. Yes No
	If yes, please provide caption, case number, file date, and court name for the lawsuit:
	Caption:
	Case Number: File Date:/
	Court Name:
8.	Nature of Your Own Exposure to Grace Asbestos-Containing Product:  See question 1 above
9.	Dates of Your Own Exposure to Grace Asbestos-Containing Product: See question 1 above.  From:/ To://
10.	Your Basis for Identification of Asbestos-Containing Product as Grace Product: See question 1 above

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# PARITY EXPOSURETIONON GRACE ASBESTIOS-GONTAIN ING PRODIECTS

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked. In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Non-Grace asbestos-containing products
  - (b) A worker who personally removed or cut Non-Grace asbestos-containing
- (c) A worker who personally installed Non-Grace asbestos-containing products

Objection: Burdensome/Public Record

- (d) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
  - (e) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
    - (f) If other, please specify.

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Natur Pypos	-									
tingin of ct was being d. or cut? f. egylor										
where produced with the produced remove the produced by the pr						-				
Was exposure due to working in of around areas where product was being in of installed, mixed, removed, or cur? If Yes, please indicate you regylar.										
Industry Code: Code: Recoff										
Occupation Code Code Freezio	-									
ates and trequency of Exposure ours day, days/sean)										=
Dates und hi cof Expo (hours/day, d										
Product(s)		•								
m was Filed:	Job I Description:	Job 2 Description:	Job 3 Description:	Job 1 Description:	Job 2 Description:	Job 3 Description:	Job 1 Description:	Job 2 Description:	Job 3 Description:	
it or Cla	of.	<u> </u>   -  -  -  -  -  -  -  -  -  -  -  -	유 	P 1	<u> </u>	ો 	५	[유 	ા <u>લ</u> 	
Party Against which Lawsuit or Claim was Filed: See attached Complaint cover sheet	Site of Exposure 1 Site Name:	: I State:	ner:	Site of Exposure 2 Site Name:	i State:	ner:	Site of Exposure 3 Site Name:	l State:	ner	
Party Ag See atta	Site of Expo	Address:	Site Owner:_	Site of Expo	Address: City and State:	Site Owner:	Site of Expo	Address: City and State;	Site Owner.	D0050647:1 }

# WR GRACE PIQ 018334-8021

### PART VI; EMPLOYMENT HISTORY

Other than jobs listed in Part III or V, please complete this Part VI for all of your prior industrial work experience up to and including your current employment. For each job, include your employer, location of employment, and dates of employment. Only include jobs at which you worked for at least one month. Please use the copy of Part VI attached as Appendix G to this Questionnaire if additional space is needed.

Occupation Code: 52 If C	Code 59, specify: Objection: I	Burdensome. See Exhibit A	
Industry Code: <u>103, 10</u>	4 If Code 118, specify:		
Employer:			
Beginning of Employment:	/	End of Employment:	//
Location:			
Address			
City	***************************************	State/Province	Zip/Postal Code
Occupation Code:	If Code 59, specify:		
Industry Code:	If Code 118, specify:		
Employer:			
Beginning of Employment: _	/	End of Employment:	//
Location:		,	
Address			
City		State/Province	Zip/Postal Code
Occupation Code:	If Code 59, specify:		
Industry Code:	If Code 118, specify:		
Employer:	AR-M		
Beginning of Employment:			//
Location:			
Address			
City		State/Province	Zip/Postal Code
Occupation Code:	If Code 59, specify:		
Industry Code:	If Code 118, specify:		
Employer:			
Beginning of Employment:	1 1	End of Employment:	/ · /
Location:			-
Address			
City		State/Province	Zip/Postal Code

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# PART VII: LETIGATION AND CLAIMS RECARDING ASBESTOS AND/OR SHE WR GRACE PIQ 018334-0022

a.	LITIGATION
1.	Have you ever been a plaintiff in a lawsuit regarding asbestos or silica?X Yes No
	If yes, please complete the rest of this Part VII(a) for each lawsuit. For your convenience, additional copies of Part VII are attached as Appendix G to this Questionnaire
2.	Please provide the caption, case number, file date, and court name for the lawsuit you filed:
	Caption: See Complaint cover sheet
	Case Number: 99-0724 File Date: 01/28/99
	Court Name: Middlesex, MA
3.	Was Grace a defendant in the lawsuit? Prior to April 2, 2001, then yes
4.	Was the lawsuit dismissed against any defendant?
	If yes, please provide the basis for dismissal of the lawsuit against each defendant:
rec	Objection: burdensome. For Voluntary Dismissals, please see docket and pleadings filed in the case which are public ords
5.	Has a judgment or verdict been entered? Objection: See Florida Statute § 90.408
	If yes, please indicate verdict amount for each defendant(s):
6.	Was a settlement agreement reached in this lawsuit? Objection: See Florida Statute § 90.408
	If yes and the settlement was reached on or after April 2, 2001, please indicate the following:
	a. Settlement amount for each defendant:
	b. Applicable defendants:
	c. Disease or condition alleged:
	d. Disease or condition settled (if different than disease or condition alleged):
7.	Were you deposed in this lawsuit?
	If yes and Grace was not a party in the lawsuit, please attach a copy of your deposition to this Questionnaire.
b.	CLAIMS
1.	Have you ever asserted a claim regarding asbestos and/or silica, including but not limited to a claim against an asbestos trust (other than a formal lawsuit in court)? Objection, vague, irrelevant, ambiguous and unduly burdensome Yes No
	If yes, please complete the rest of this Part VII(b). If no, please skip to Part VIII.
2.	Date the claim was submitted:
3.	Person or entity against whom the claim was submitted:
4.	
5.	Was claim settled?Yes No
б.	Please indicate settlement amount: Objection: See Florida Statute § 90.408\$
7.	Was the claim dismissed or otherwise disallowed or not honored?
	If yes, provide the basis for dismissal of the claim:



	PART	VIII: CLAIMS BY DEPE	NDENTS OF RELATED PERSONS
Name of Depende	ent or Relate	d Person: Objection: relevan	nce
Last Four Digits	of Social Sec	urity Number:	Birth Date: / /
Financially Dene	ndent		Birth Date:/
			her If other, please specify
Mailing Address		_	
Maining Audites	Address		•
City			State/Province Zip/Postal Code
Daytime Telepho	ne number: .		()
		PARTIX: SUPPORT	ING DOCUMENTATION
Please use the che	cklists below	to indicate which documents	you are submitting with this form.
Copies: See attac			☐ X-rays
Medical recor		ort containing a diagnosis	X-ray reports/interpretations
Lung function		ations	CT scans
Pathology rep	orts		CT scan reports/interpretations
		of exposure to Grace	Depositions from lawsuits indicated in Part VII of this Questionnaire
asbestos-cont		ts of other asbestos exposure	Death Certification
	comentation	of other aspestos exposure	
Originals:			Commenting decommentation of all or a
Medical recor		ort containing a diagnosis	Supporting documentation of other asbestos exposure X-rays
Lung function		ations	X-ray reports/interpretations
Pathology rep		uti0110	CT scans
Supporting do	cumentation	of exposure to Grace	CT scan reports/interpretations
asbestos-cont	aining produc	ts	Death Certification
which Grace was	not a party a	nd/or (b) any documents you	providing (a) copies of depositions you have given in lawsuits in have previously provided to Grace in prior litigation. Please ment and attach a receipt for such costs:
	PARTX: A	etestation that inc	ORMATIONIS TRUE AND ACCURATE
document that ma	ay be used a onnaire is a fir	s evidence in any legal pro	accurate and truthful. This Questionnaire is an official courceeding regarding your Claim. The penalty for presenting a somment for up to five years, or both. 18 U.S.C. §§ 152 & 3571.
I swear, <u>under pe</u> Questionnaire is tr			knowledge, all of the foregoing information contained in this
Signature:			Date://
•			
TO BE COMPLI	ETED BY TH	IE LEGAL REPRESENTA	TIVE OF THE INJURED PERSON.
complete.		y knowledge, all of the info	ormation contained in this Questionnaire is true, accurate and
Signature:		Date: 06/12/2006	
Please	Print	Name:	David A. Jagolinzer

REDACTED

c/o Ferraro & Associates, P.A., 4000 Ponce de Leon Boulevard,

Miami, Florida, 33146, Phone: (305) 375-0111

### Exposure Sheet

Ferraro & Associates, P.A.

For

Sorted by Manufacturer then Date

01/20/2006

Manufacturer: W.R. Grace & Company

REDACTED

Products: Plaster, Monokote, Cement

Jobsite	City	State	Start Date	Stop Date
West Hartford Ornamental Co.	W. Hartford	CT	01/01/1955	12/01/1956
Aetna Insurance Co.	Hartford	CT	01/01/1958	12/01/1960
Aetna Sheetmetal Shop	E. Hartford	CT ,	. 01/01/1958	12/01/1963
Travelers Insurance Co.	Hartford	CT `	01/01/1959	12/01/1959
Middletown Powerplant	Middeltown	CT	01/01/1963	12/01/1973
Millstone Powerplant	Waterford	CT	01/01/1970	12/01/1974



# IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF DELAWARE

### Chapter 11

In Re:	Bankruptcy No.
Owens Corning	00-3837-JKF
Armstrong World Industries	00-4471-JKF
W.R. Grace & Co.	01-1139-JKF
USG Corp.	01-2094-JKF
United States Mineral Products Company	01-2471-JKF
Kaiser Aluminum Corporation, Inc.	02-10429-JKF
ACandS, Inc.	02-12687-JKF
Combustion Engineering, Inc.	03-10495-JKF
The Flintkote Company	04-11300-JKF

Debtor(s)

### **POWER OF ATTORNEY/PROXY**

The undersigned Claimant hereby authorizes James L. Ferraro, Esq. and/or David A. Jagolinzer, Esq., of Ferraro & Associates, P.A., 4000 Ponce de Leon Blvd. Suite 700, Miami, Florida 33146, or any of its attorneys, as their delegates, to act as attorney-in-fact for the undersigned, with full power of substitution, to act and/or vote on any issue that may be submitted to or involve creditors or claimants of any debtor, associated debtor, related company or their insurers, in or related to the above-referenced bankruptcy actions and any other bankruptcy actions, and in general, to perform any act for the undersigned in these related bankruptcy matters, including matters arising, or related to Claimant's asbestos or silica claim, including the investigation, negotiation and settlement of any such claim and submission of any materials for settlement or processing of the claim.

Signed:

REDACTED

SWORN TO AND SUBSCRIBED TO, before me this 12<sup>+4</sup> day of November, 2004.

NOTARY PUBLIC, My Commission Expires:

am o law o recour di distribution

AGNES M. PIER
NOTARY PUBLIC
MY COMMISSION EXPIRES APR. 30, 2007

WR GRACE PIQ 018554-0026

# Mezey & Krainson, M.D., P.A.

Robert J. Marsy, M.D., ECCF Board Certified in Internal Medicine Pulmonary Discase Certified NIOSH "B" Reader James P. Krainson, M.D., FCCP Board Certified in Internal Medicine Pulmonary Disease Certified NIOSH "B" Reader

REDACTED

WORKER'S Social Security Number

TYPE OF READING

FACILITY IDENTIFICATION

	TORIE .
IA. DATE OF X-RAY IB. FILM QUALITY	NEGATIVE!
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2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS:	YES COMPLETE NO PROCEED TO RECTION 3
2B. SMALL OPACITIES	e. PROPUSION 2C. LARGE OPACITIES
A SHAPE/SIZE	% % % size ※ A B C
	323 T
R.L.	为为 PROCEED TO SECTION 3
3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIST	YES COMPLETE NO PROCEED TO
3B. PLEURAL 3C. PLE THICKENING CIRCUMSCRIBED (Miseo)	EURAL THICKENINGChest Wall
a DIAPHRAGM (plaque) SITE O'R	OX SITE XIR XIL
h. COSTOPHRENIC L. WIDTH 0 X 2 3	0 X 8 C
SITE TRL PACE ON 1123	E 1 2 3 FACE ON 10 1 2 3 0 1 2 3
3D. FLEURAL CALCIFICATION	DNI extent
a DIAPHRADM 0 1 2 3	. a. DIAPHRAGM 0 1 2 3
5. WALL 0123 c. OTHER SITES 0123	b. WALL 0 1 2 3 PACCEED TO 0 1 2 3 RECTION 4
4A. ANY OTHER ABNORMALITIES?	YES COMPLETE NO PROCEED TO SECTION S
4B. OTHER SYMBOLS (OBLIGATORY)	n es tr'hi ko ki ki ki pi px sp to
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× plane	nt Thickening / Plants Plants Stent with Asbestos Exposure / Asbesto
	ed Disease PROCEED TO
5. FILM READER'S INITIALS PHYSICIANS SOCIAL SECURITY NUMBER DATE OF READING	
RIM NAME (LAST-FIRST	THE WALL STREET
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number is not STACET ADDRESS furnished: 9380 S v. 150 Furnish for your social see	Oth Street #200: Might BI. 33176

CDC/NIOSH (M) 28 REV. 4/80



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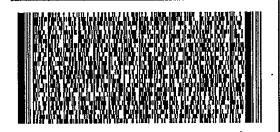
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